

## Welcome to the 2008 Long Term Care Nurse Staffing Survey.

The purpose of the Long Term Care Nurse Staffing Study is to collect data, report the findings and develop recommendations relating to the supply of nurses and other direct care staff in Texas long term care facilities.

The results of this research will be reported to lawmakers, the Governor's Office and other stakeholders throughout the state.

**Make sure your voice is heard!**

**We need your help on this important project.**

**Please submit your completed  
survey online by  
March 28, 2008.**

Complete the survey online at:

<http://2008-LTCNSS.questionpro.com>

**We greatly appreciate your time and support!**

If you have questions at any time about the survey or the procedures, you may contact Suzanne Pickens at TCNWS at 512-458-7111, ext. 3468 or [lcnss@dshs.state.tx.us](mailto:lcnss@dshs.state.tx.us).



**1. Nursing Facility Name: \***

**2. Nursing Facility ID** (*This is the 6-digit Texas Department of Aging and Disability Services facility license number.*)\*

**3. What is the city where the nursing facility is located? \***

**4. Current resident census for this nursing facility: \***

### Statement of Confidentiality

**Your survey responses are strictly confidential.**

We want you to feel comfortable sharing your information. All data will be coded and access will be restricted. TCNWS will report all findings from this research in aggregate form only, as mandated by Texas Health and Safety Code Chapter 105.

**5.** Please provide us with a way to contact you should we have any questions. \*

Name of person completing survey:

Title of person completing survey:

Phone number of person completing the survey:

Email of person completing the survey:

Date (mm/dd/yyyy):

### Please answer a few questions about your Director of Nursing

**6.** What is the **highest degree** the Director of Nursing holds?

*Select only one.*

- ☐ Associate degree
- ☐ Diploma
- ☐ BS/BSN
- ☐ MS/MSN
- ☐ BA (not health related)
- ☐ BA (administration – not health related)
- ☐ BA (health administration or health related)
- ☐ MA (non-health, e.g., business administration)
- ☐ MA (health related)
- ☐ MBA
- ☐ Other \_\_\_\_\_

**7.** About how long has the Director of Nursing held this position at this facility? \*

Months

**8.** Altogether, about how long has the Director of Nursing worked as a nurse at any nursing facility or skilled nursing facility, including this one? \*

Months

**9.** How many Assistant Directors of Nursing (*or equivalent position*) does this facility have? \*

*If “none,” please enter zero.*

RN ADONs

LVN ADONs

### Facility Staffing

#### Employees

**10.** As of the past week (the last 7 days), how many full-time (FT) employees, part-time (PT) employees

**OR**

full-time equivalents (FTEs) are currently budgeted for this facility? \*

*Include weekend staff but do not include contract/agency staff.*

*If “none” or facility does not hire some type of staff, please enter “0.”*

Budgeted Positions	FT	PT	OR FTEs
RNs – Administrative/Management*			
RNs – Direct Patient Care*			
LVNs – Administrative/Management*			
LVNs – Direct Patient Care*			
CMAs*			
Restorative Aides*			
CNAs*			
Aides/Orderlies*			

## Contract/Agency Staff

**11. Over the past week (the last 7 days),** how many contract/agency staff – full-time (FT), part-time (PT) **OR** full-time equivalents (FTEs) – were utilized at this facility? \*

*For each staff type, enter number for “Total Hours” **OR** “FTEs.”*

*If “none” or facility does not hire some type of staff, please enter “0.”*

Contract / Agency Staff	Total Hours	OR FTEs
RNs – Administrative/Management*		
RNs – Direct Patient Care*		
LVNs – Administrative/Management*		
LVNs – Direct Patient Care*		
CMA*		
Restorative Aides*		
CNAs*		
Aides/Orderlies*		

## Vacancies

**12. At any time during the past week (the last 7 days),** how many full-time (FT) vacancies, part-time (PT) vacancies **OR** full-time equivalent (FTE) vacancies (open budgeted positions) did this facility have? \*

*If no vacancies in a category, enter “0” in the box.*

# of Vacancies	FT	PT	OR FTEs
RNs – Administrative/Management*			
RNs – Direct Patient Care*			
LVNs – Administrative/Management*			
LVNs – Direct Patient Care*			
CMA*			
Restorative Aides*			
CNAs*			
Aides/Orderlies*			

## Terminations

**13. For your most recently completed six-month period,** how many staff have terminated employment? Include both voluntary and involuntary terminations (e.g., retired, dismissed, resigned). \*

*You may need to contact your corporate office or Human Resources Department for assistance with this information.*

*If no employees terminated employment, enter “0” in each box.*

# of Terminations	FT	PT
RNs – Administrative/Management*		
RNs – Direct Patient Care*		
LVNs – Administrative/Management*		
LVNs – Direct Patient Care*		
CMA*		
Restorative Aides*		
CNAs*		
Aides/Orderlies*		

## Overtime

**14. Over the past week (the last 7 days),** how many **overtime hours** – in addition to the 40-hr work week – did the **direct patient care** nursing staff work at this facility? \*

*Include administrative staff who worked overtime to provide direct patient care.*

*Enter the number in each box. If “none”, enter 0.*

	Overtime Hours
RN	
LVN	
CNA	

**15. Over the past week (the last 7 days),** what were the reasons the nursing staff worked any overtime hours? \* *Check all that apply.*

- ☐ Scheduled absences (vacations, other pre-approved time-off)
- ☐ Unscheduled absences (not planned, not pre-approved time-off)
- ☐ Staffing vacancies (unfilled staff positions)
- ☐ Other (Specify) \_\_\_\_\_

**16.** How many of this facility’s current staff have been employed here for more than 1 year?

*You may need to contact your corporate office or Human Resources Department for assistance with this information.*

*Please enter the number in each box. If “none,” enter “0” in the box.*

	Employed for more than 1 year
RNs – Administrative/Management*	
RNs – Direct Patient Care*	
LVNs – Administrative/Management*	
LVNs – Direct Patient Care*	
CMAs*	
Restorative Aides*	
CNAs*	
Aides/Orderlies*	

**17.** In your opinion, is the need greater than what you are budgeted for in any of the following staffing categories? \*

	Yes	No
RNs – Administrative/Management*	<input type="radio"/>	<input type="radio"/>
RNs – Direct Patient Care*	<input type="radio"/>	<input type="radio"/>
LVNs – Administrative/Management*	<input type="radio"/>	<input type="radio"/>
LVNs – Direct Patient Care*	<input type="radio"/>	<input type="radio"/>
CMAs*	<input type="radio"/>	<input type="radio"/>
Restorative Aides*	<input type="radio"/>	<input type="radio"/>
CNAs*	<input type="radio"/>	<input type="radio"/>
Aides/Orderlies*	<input type="radio"/>	<input type="radio"/>

**18.** Please use the space below to give us more information on your answers to the previous question.

**19.** If hired today, what would be the hourly wage of direct care staff at this facility? \*

*Please include only the staff who have direct patient care responsibilities, and who are employed by this facility.*

*Enter dollar amount in each box.*

*If aides and orderlies are not employed, enter “0” in the box.*

	Entry-level Hourly Wages	Maximum Experienced-level Hourly Wages
RNs*		
LVNs*		
CMAs*		
Restorative Aides*		
CNAs*		
Aides/Orderlies*		

**20.** What is the annual salary of the Director of Nursing at this facility?\*

- ☐ < \$40,000
- ☐ \$40,000 - 49,999
- ☐ \$50,000 - 59,999
- ☐ \$60,000 – 69,999
- ☐ \$70,000 – 79,999
- ☐ \$80,000 – 89,999
- ☐ \$90,000 – 99,999
- ☐ ≥ \$100,000

**21.** How many of this facility's current staff received their basic nurse training outside of the United States?

*If none, enter "0."*

RNs	
LVNs	

**22.** How many of this facility's current CNA staff consider English their second language?

*If none, enter "0."*

CNAs	
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**23.** Which of these nursing staff retention / recruitment strategies are used by this facility? \*

*Check all that apply.*

- ☐ Employee recognition programs (employee of the month, staff dinners/luncheons, etc.)
- ☐ Reimbursement for workshops/conferences
- ☐ Reimbursement for professional license renewal fees
- ☐ Sign-on bonus
- ☐ Recruitment bonus
- ☐ Career ladder positions for Nurses
- ☐ Career ladder positions for CNAs
- ☐ In-house CNA continuing-education classes
- ☐ Flexible scheduling or job sharing
- ☐ Shift differential
- ☐ Tuition (reimbursement or direct payment for employees / new hire)
- ☐ Perfect attendance rewards
- ☐ Bonus / paid time off
- ☐ Payback for unused sick / vacation time
- ☐ Gift cards or give-aways
- ☐ None of the above
- ☐ Other (specify) \_\_\_\_\_

**24.** What types of RN and LVN staff employee benefits are offered by the facility? \*

*Check all that apply.*

- ☐ Fully paid health insurance plan for employee
- ☐ Fully paid health insurance plan for employee spouse / dependents

- ☐ Partially paid health insurance plan for employee
- ☐ Partially paid health insurance plan for employee spouse / dependents
- ☐ Fully paid dental insurance
- ☐ Fully paid vision care insurance
- ☐ Partially paid dental insurance
- ☐ Partially paid vision care insurance
- ☐ Life Insurance
- ☐ Long Term Care Insurance
- ☐ Retirement / pension / 401k plans
- ☐ Paid vacation / holidays
- ☐ Paid sick days
- ☐ Paid time off days for "other/personal" reasons
- ☐ Daycare (child)
- ☐ Transportation allowance
- ☐ Employee assistance
- ☐ Career promotion / development (*tuition, tuition reimbursement, workshops, conferences at reduced rate or free of charge, reimbursement for certification exam, etc.*)
- ☐ None of the above
- ☐ Other (specify) \_\_\_\_\_

**25.** What types of CNA staff employee benefits are offered by the facility? \*

*Check all that apply.*

- ☐ Fully paid health insurance plan for employee
- ☐ Fully paid health insurance plan for employee spouse / dependents
- ☐ Partially paid health insurance plan for employee
- ☐ Partially paid health insurance plan for employee spouse / dependents
- ☐ Fully paid dental insurance
- ☐ Fully paid vision care insurance
- ☐ Partially paid dental insurance
- ☐ Partially paid vision care insurance
- ☐ Life Insurance
- ☐ Long Term Care Insurance
- ☐ Retirement / pension / 401k plans
- ☐ Paid vacation / holidays
- ☐ Paid sick days
- ☐ Paid time off days for "other/personal" reasons
- ☐ Daycare (child)
- ☐ Transportation allowance

- ☐ Employee assistance
- ☐ Career promotion / development (*tuition, tuition reimbursement, workshops, conferences at reduced rate or free of charge, reimbursement for certification exam, etc.*)
- ☐ None of the above
- ☐ Other (specify) \_\_\_\_\_

26. In your opinion, what interventions would have the greatest impact on retention of nurses and other direct patient care staff at nursing facilities?

27. Which types of your staff belong to labor unions?

*Check all that apply.*

- ☐ None
- ☐ Nurses (LVNs, RNs)
- ☐ CNAs
- ☐ Housekeeping
- ☐ Maintenance
- ☐ Food Service
- ☐ Other

28. How many of this facility’s nursing staff are currently on sick leave, FMLA or doing light duty **because of an injury** sustained at this facility?

*If “none,” please enter “0.”*

Number of nursing staff

29. Is there a process in place for identification, assessment and development of strategies to control risk of injury to residents associated with the lifting, transferring, repositioning, or moving of a resident?

- ☐ Yes
- ☐ No

30. If yes, please select any of the following outcomes that have occurred.

*Check all that apply.*

- ☐ Development of a committee to adopt and ensure implementation of policy to identify, assess and develop strategies to control risk of injury associated with lifting, transferring, repositioning or moving of a resident
- ☐ Analysis of the risk of injury to both residents and nurses posed by handling needs of the resident population and the physical environment in which the resident handling and moving occurs
- ☐ Annual in service education of nurses to control the risk of injury to residents and nurses during resident handling
- ☐ Evaluation of equipment and the environment to reduce risks associated with resident handling
- ☐ Restriction of manual resident handling or moving of all or most of a resident’s weight except in cases of emergency, life-threatening or otherwise exceptional circumstances
- ☐ Specific procedures for nurses to be allowed to refuse to perform or be involved in resident handling or moving, which the nurse believes in good faith will expose a resident or nurse to an unacceptable risk of injury
- ☐ Incorporated resident handling equipment that is used for resident handling or moving
- ☐ In the past year, a decrease in the musculoskeletal strain or injuries that have occurred as the result of resident handling or moving
- ☐ Other (Specify) \_\_\_\_\_

**31.** How often is at least one CNA involved in resident or patient care planning meetings?

- ☐ Always
- ☐ Most of the time
- ☐ Some of the time
- ☐ Seldom
- ☐ Never

**32.** Some nursing homes use permanent assignments as their staffing model. At this facility, are CNAs routinely assigned to care for the same group of residents?

- ☐ Yes
- ☐ No

**33.** How many of the RNs currently on staff have specialty certifications? (*Examples include: gerontological, rehabilitation, nursing administration, etc.*)

RNs

**34.** Does the Administrator or the Director of Nursing at this facility also assume any of the following positions or roles?

*Check all that apply.*

- ☐ MDS Nurse
- ☐ Case Manager
- ☐ Quality Assurance / Improvement Coordinator
- ☐ Infection Control Coordinator
- ☐ TILE Nurse
- ☐ Admissions / Marketing
- ☐ None of the above

**35.** In your opinion, what major issues contribute to the turnover of Directors of Nursing?

**36.** Do the following disciplines provide services in your facility?

	Yes	No
Nurse Practitioners	<input type="radio"/>	<input type="radio"/>
Clinical Nurse Specialists	<input type="radio"/>	<input type="radio"/>
Geriatricians (MD/DO)	<input type="radio"/>	<input type="radio"/>
Physician's Assistants	<input type="radio"/>	<input type="radio"/>
Other Physicians	<input type="radio"/>	<input type="radio"/>

(excluding Medical Director)

**37.** Is there anything else you would like to tell us?  
(Please use the space below.)

**Congratulations!**

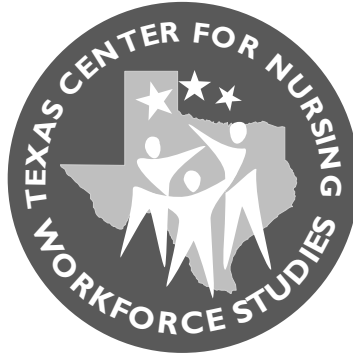
You are now at the end of the survey. Thank you for the time and effort you have put into its completion.

**Please submit your survey online  
no later than  
March 28, 2008.**

**Facility survey responses are  
STRICTLY CONFIDENTIAL.**

Please contact Suzanne Pickens at  
[ltcnss@dshs.state.tx.us](mailto:ltcnss@dshs.state.tx.us)

or call 512-458-7111, ext. 3468 if you have any  
questions regarding this survey.



Texas Center for Nursing Workforce Studies  
Center for Health Statistics  
Department of State Health Services MC 1898  
PO Box 149347  
Austin, Texas 78714-9347

**CNWS Telephone**

(512) 458-7261

Toll Free (866) 239-7279 (Texas calls only)

FAX Number: (512) 458-7344

**Email**

For Long Term Care Inquiries:

[lcnss@dshs.state.tx.us](mailto:lcnss@dshs.state.tx.us)

For General Inquiries:

[cnws@dshs.state.tx.us](mailto:cnws@dshs.state.tx.us)

**Please submit this survey online at**

<http://2008-LTCNSS.questionpro.com>

***Do NOT submit a paper survey if you complete the survey online.***

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